

NEWS

IN

School Health

SCHOOL HEALTH UNIT

FALL 1998

COLLABORATION: MORE RESULTS THAN THE SUM OF ITS PARTS!

As increased attention focuses on comprehensive student health--and its relationship to the educational process--many individuals and organizations are developing plans, implementing programs, and providing services with the ultimate goal of improving the health of young people and their families. In this milieu *collaboration* is essential: to maximize effectiveness, to reduce duplication, and to make the best use of a wide range of skills and resources. Collaboration entails working together, coming out of the "boxes" of our chosen professions and environments, respecting others' viewpoints, and a *willingness to share responsibility for the successes, the disappointments and the challenges of our efforts on behalf of children.*

While collaborations can take many forms, in school health they generally fall into three categories: (a) those within the school district itself, (b) those within the community, and (c) those within and between state and federal agencies. In addition, these collaborations may move between categories depending on the issue being addressed. The challenge is to "put the puzzle of essential participants together" so that all are present at the table--and ready to begin the task.

Many professionals, students and parents have a vested interest in comprehensive school health programs at the school district level: school physicians, nurses, health coordinators, coaches, teachers, administrators, and school committee members. The school health advisory committee, required under the Department of Education Health Protection grants, offers an organized forum

for school-based personnel and community providers to discuss vital issues such as the health education curriculum, health service policies and coordination with community agencies.

Communities increasingly recognize opportunities for joint planning and program implementation on issues affecting all children and adolescents within their borders. The Department of Public Health's Community Health Network Area approach is designed to promote this process, bringing together local agencies, providers and schools to develop effective programs such as immunizations and asthma management.

At the state level, collaboration on school health initiatives has become an ongoing process. A major example the past two years has been the highly effective school-based program of the Department of Public Health, Division of Medical Assistance and Department of Education to enroll children and families in health insurance plans.

Collaboration between and among groups interested in the health of Massachusetts youth is too extensive to be captured in this single newsletter. Rather, our goal is to give examples of a variety of effective collaborations, to stimulate the reader's thinking about forming new partnerships, and to emphasize the potential for collaboration to improve student health. Thank you.

Anne H. Sheetz, R.N., M.P.H., C.N.A.A.
Director of School Health

Collaboration is "the process of shared creation: two or more individuals with complimentary skills interacting to create a shared understanding that none had previously possessed or could have come to on their own." Michael Schrage

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH
BUREAU OF FAMILY AND COMMUNITY HEALTH

NEWS BRIEFS

MassCHIP Description - The Massachusetts Community Health Information Profile (MassCHIP) is an on-line data retrieval system developed by the Department of Public Health to assist users in developing community profiles, assessing community needs, monitoring health status, targeting interventions and evaluating programs. The system contains 19 data sets comprising a broad array of health and sociodemographic data, including Census data, employment data, vital statistics data, MassHealth data, and Department program data. MassCHIP allows both user-defined queries and Standard Reports, which are comprehensive fixed-format reports on topics of special interest, such as smoking behavior. The system also provides statistics, and charting and mapping options. MassCHIP is distributed through the Worldwide Web at no cost, requiring only that potential users download, sign and return a user agreement to obtain a system ID and password. It currently has over 1000 users. Of interest to school health providers is the new data report Kids Count, with additional data from the Department of Education, the Department of Social Services, the Office for Child Care Services, and the Division of Transitional Assistance. For more information, please call Saul Franklin (617) 624-5512 at the Massachusetts Department of Public Health.

Kids Count Standard Report - In 1995, the Office of Statistics and Evaluation in the Massachusetts Department of Public Health produced a comprehensive statistical document on the status of Massachusetts Children and Youth in support of the Casey Foundation Kids Count program local grantees. A subset of these data have been incorporated into a MassCHIP Standard Report, which will be available for any community in the Commonwealth. The report will contain demographic, economic, perinatal and infant, education, and selected support program data for geographic areas of interest to users, comparing area and state rates where applicable. This Standard report will be available in the next release of MassCHIP due out in the fall of 1998. For more information please call Saul Franklin (617) 624-5512 at the Massachusetts Department of Public Health.

National Award for Children's Medical Security Plan Outreach: Lowell High School and Saints Memorial Health Center, sponsor of the school-based health center at the high school, were recognized by the federal Health Care Finance Administration for their outstanding outreach efforts to assist un-enrolled teens and their families enroll in the Children's Medical Security Plan (CMSP). The Department of Public Health oversees CMSP, a publicly funded primary care health insurance program available to children under 19 whose families are not eligible for MassHealth. According to Rita Olans, Nurse Practitioner at the school-based health center, outreach efforts included meeting individually and in groups with students, parents, school administrators, school nurses, teachers, guidance counselors and other staff in conjunction with the CMSP sign-up drive. Notes to classrooms and phone calls to parents were conducted in several languages. The award, one of twenty-eight nationwide, was presented at the 5th Annual Beneficiary Services Honor Awards Ceremony in Phoenix, by the Honorable Nancy-Ann Min Deparle, HCFA Administrator. The theme was "Taking Customer Service into the Next Millennium".

Tobacco Education for Back-to-School: Developed by the Massachusetts Tobacco Control Program, the SmokeScreeners educational program, which targets 5th to 8th graders, is designed to take the glamour out of smoking in the movies by teaching young people to be critical viewers. Movies often portray smoking as glamorous and cool, yet don't show the deadly health risks of smoking such as lung cancer, emphysema and heart disease. The Smoke-Screeners educational program provides discussion points and activities to increase awareness among youth about tobacco use in the movies while reducing its impact on their behavior. The program includes a videotape, moderator's guide and poster. To order your free SmokeScreeners program, please call 1-888-8NO-DRAG.

Brochure Entitled "Attendance at School: Should my child be in school with this illness?" This brochure is designed for parents of children in kindergarten and first grade and gives practical guidance as to when a sick child should be kept home from school and/or see a primary care provider. To receive a free copy and an order form, please mail a self-addressed stamped envelope to the Massachusetts Medical Society Alliance, 1440 Main Street, Waltham, MA 02451.

Publication of Article on Medication Administration: "Medication Administration in Schools: The Massachusetts Experience", was published by Margaret S. Blum and Anne Sheetz in the March 1998 edition of the *Journal of School Health* (American School Health Association). This has generated telephone calls for information from across the nation.

Community Health Networks Foster Community Collaborations To Enhance Youth Health

by Hong Vuong

Massachusetts Department of Public Health

With its vision of healthier communities through a local and state collaboration, the Massachusetts Department of Public Health (MDPH) launched the statewide Community Health Network Areas (CHNA) Initiative in 1994. Across the Commonwealth, twenty-seven CHNAs were created with a common mission of convening youth, parents, schools, community coalitions, local boards of health, non-profit and for-profit organizations and institutions, and other local and state agencies to collaboratively identify, plan and effectively utilize public and private resources to improve the health of the Commonwealth's residents. By providing opportunities for more collaboration among community members and leaders, health and human service providers, and municipal and state entities, CHNAs are a forum for mobilizing the communities around health issues impacting residents and promoting prevention efforts to address the identified health priorities.

Health issues related to youth are one current priority, if not the single priority, in as many as twenty-two CHNAs. Through mini-grants and collaborations with students, parents, schools, community-based health and human service agencies, municipal governments, and existing community coalitions, CHNAs are mobilizing efforts around youth alcohol and other drug abuse, teen and dating violence, sexually transmitted diseases, youth development, children dental health, vaccinations and immunization, unintentional injury prevention/fire safety, and access to health care.

CHNA prevention efforts around these important youth health issues are outlined below. In the area of substance abuse: **The Community**

Health Network of Greater Holyoke-Chicopee-Westfield-Ludlow is mobilizing to prevent alcohol and other drug use among middle school age youth. In Westfield and Holyoke, CHNA members work closely with school officials and parents in designing an intervention approach. The schools administered a survey to students to learn the extent of their alcohol and drug use, and related behaviors and feelings. CHNA members are collaborating with the Chicopee housing authority to administer the same survey to youth living in low-income housing projects in Chicopee. **The Greater Haverhill Community Health Network's** Substance Abuse Prevention Work Group solicited students' perceptions about drugs to produce an educational brochure, "What All Parents Need to Know About Drugs", to help parents to help their children. This brochure is being distributed to all school systems in the CHNA and will be made available to housing authorities, recreational facilities, libraries, super markets, service providers, and police departments. The Newburyport School Committee has requested 3,500 brochures to send to each household with a letter from the Mayor; this is the kind of collaboration and responsiveness the CHNA hopes to achieve from other communities as well. For the second straight year, the **Community Health Network of Greater MetroWest** awarded twelve mini-grants to local schools and community-based organizations addressing youth tobacco use and substance abuse prevention. **The North Shore Community Health Network's** Tobacco Initiative is launching "Operation Storefront" to assess the level of tobacco advertising found on storefront that are accessible to youth. The Substance Abuse Prevention Work Team of **Partners for a Healthier Community**, as CHNA of Greater Fall River, has recently organized an anti-alcohol-and-other-drug poster contest at the Atlantis Charter School

in Fall River for use in a billboard and bus sign campaign.

Domestic and family violence issues have led several CHNAs to focus on dating and teen violence. **The Fitchburg/Gardner Area Community Health Network** is sponsoring a conference on October 15, 1998 on domestic and dating violence and the relationship between substance abuse and violence. This fall, Franklin Schools and Human Services of **Community Partners for Health**, the CHNA of Greater Milford, is sponsoring a full day health exposition, which will include the *Yellow Dress*, for junior and senior high school students; the Town of Milford will be next year's host, and the CHNA anticipates that this will be an annual event with a new host community each year. **The South Shore Community Partners in Prevention**, a CHNA of Greater Plymouth, also featured the *Yellow Dress* at Plymouth North High School for parents and students, in addition to the *Clothesline Project*. Prevention of unhealthy relationships among youth and the education of professionals who work with survivors of violence are being addressed by the **Greater Woburn-Concord-Littleton Community Health Network**. The CHNA has sponsored educational sessions for youth and adults within communities and has distributed outreach materials to all schools and as many public venues in the CHNA.

As a pilot CHNA, **the Greater Springfield Community Health Network** members quickly learned the value of involving young people at every stage of planning and implementation of their health improvement. This led to the Springfield Adolescent Health Project that prepares teenagers, who work with adult mentors and consultants, to serve as community health workers in their neighborhoods and throughout the CHNA to educate youth about STD prevention, as well as to promote youth development and empowerment. Along the line of youth development and leadership, the

youth of the **Codman Square/Four Corners Alliance for Community Health**, one of the neighborhood CHNAs in Boston, is working toward developing effective community and school linkages that will help children to succeed in school and to determine their health and social priorities. This effort is done through the following: a resource guide of services for youth; an educational forum and provider fair, which will offer meaningful discussion of the issues confronting schools, new learning standards and state tests; and ongoing community meetings with schools, youth, parents, and others.

Other CHNAs focused attention on the needs of young children: **The Upper Valley Health Web**, the CHNA of Franklin County, awarded two mini-grants to the Mohawk Valley Health Education Services and the Pioneer Valley Regional School for a classroom-based program on nutrition for good dental health for 4th and 6th grade students, and a dental care campaign in the elementary schools, respectively.

The Immunization Committee of the **Greater Lawrence Community Health Network** is conducting a third study of immunization rates and has established a campaign to address the health needs of early childhood and school aged children. Two recent activities of the Childhood Immunization committee of the **Greater New Bedford Community Health Network** are a high school Hepatitis B vaccination campaign, and a follow-up retrospective survey of immunization of 2-year-olds.

The Injury Prevention Committee of the **Greater Attleboro-Taunton Health and Education Response** CHNA hosted a third annual *Kids Safety Night* at Emerald Square Mall focused on the prevention of violence and unintentional injury. This CHNA is also

undertaking a public awareness campaign around carbon monoxide poisoning and a distribution program of a limited number of free carbon monoxide detectors. ***Partnership for Health in Hampshire County*** awarded a mini-grant to the Easthampton Fire Department for fire safety training with middle school students.

The Advocacy for Access program of ***The Community Health Network of Berkshire County***, in collaboration with the Berkshire Health Systems, is working to ensure that parents of children receive information about the Children's Medical Security Plan (CMSP) and the expanded MassHealth eligibility guidelines and enrollment procedures. In addition to disseminating information, the paid coordinator works with the school systems to do outreach to parents and to assist individuals who wish to apply or to appeal denials. An effort to increase awareness and enrollment in the CMSP is also a priority in the ***West Suburban Health Network and the Cape Cod and Islands Community Health Network***.

In addition, ten communities in the Commonwealth have been awarded a "Master Community Action Planning Grant" of \$10,000 each by the Massachusetts Executive Office of Health and Human Services. These ten communities were selected based on their demonstrated understanding and experience with working with multiple community coalitions and initiatives funded by the federal and state governments. All sectors of these communities, including neighborhood residents, parents, school and health professionals, government, faith organizations, and businesses, will come together to design creative community solutions that will help them continually address the needs of children and families over the long term. Through this process, it is hoped that the existing multiple community coalitions -- CHNA, School-Linked Services, Community Connections, Teen Challenge Fund, Tobacco

Control Coalitions, FirstLink Coalition, School-to-Work Partnerships, Massachusetts Family Networks, Community Partnerships for Children, Massachusetts Family Centers, and Center for Substance Abuse Prevention (CSAP) Partnerships will combine efforts to support one community plan for healthier residents in each of these communities. Several CHNAs, including the ***Community Health Network of Greater Holyoke-Chicopee-Westfield-Ludlow, Partners for a Healthier Community*** (a CHNA of Greater Fall River), and the ***Community Wellness Coalition*** (a CHNA of Greater Worcester), have taken the leadership role in convening and hosting this process as part of their efforts.

Given the array of community collaborations described here, schools are natural partners in enhancing the health of all children in the Commonwealth. The Department of Public Health, on behalf of the CHNAs, encourages school participation in the local CHNAs. To learn how your school can become involved, please contact either Hong Vuong at 617-624-5255, the School Health Unit at 617-624-5070 or your regional DPH office.

**MASSACHUSETTS
TOBACCO CONTROL PROGRAM**
***Working With And Within
Tobacco Control Coalitions***
by Donna Warner

The Massachusetts Tobacco Control Program (MTCP) funds 17 community coalitions in Massachusetts. The MTCP coalitions engage in grass roots community education in order to raise public awareness about the health issues related to tobacco use. They play a lead role in assisting all

local tobacco control programs to plan and coordinate local activity. Tobacco coalitions also collaborate with many other key stakeholder groups and institutions in local communities to promote policy, regulatory and behavioral changes.

The 17 MTCP coalitions are part of a larger network of community-based local tobacco control programs funded by the Department of Public Health which work toward the shared goal of changing community norms about tobacco use. Local MTCP program operations are organized through a system of six regional networks, each managed by a regional Field Director. Regional meetings are held monthly, convening all local providers in the regional area. They serve as a forum for regional planning, information dissemination, provider collaboration and sharing. The MTCP networks are guided by a regional action plan, which includes two-to-three year strategic initiatives developed by a regional Steering Committee.

The MTCP Regional Steering Committees are comprised of 10 to 14 elected local program representatives, and non-voting representatives from the Department of Public Health's Bureaus and Regional Offices, the Department of Education, the American Cancer Society, and other advocacy groups. The Steering Committees establish by-laws for regional networks, set regional priorities, and formulate regional action plans. They also develop allocation plans for regional public relations initiatives and award these funds to local programs for collaborative projects, many of which are linked to the MTCP media campaign, while others reach cultural, ethnic and linguistic groups and neighborhoods not reached by statewide campaigns.

Within this regional framework, MTCP local coalitions facilitate the formulation of community-level action plans, combining the efforts of

MTCP providers such as Boards of Health and targeted smoking intervention programs, with those of other community institutions and groups. For example, the Tobacco Free Hampshire County Coalition has set as a goal for 1998-2000 to have 90% of the county's population covered by youth access regulations, and by 2003 to have tobacco control school policies and programs in all school districts. This year, the coalition will achieve tobacco control program participation on school Health Advisory Councils in all county school districts; they will complete and distribute a School Tobacco Control Policy Handbook to all school administrators and health educators, and subsequently meet with district personnel.

In Hampshire County, MTCP program staff are also working with school districts to identify effective tobacco education curricula and to pilot the Life Skills Program, selected by the Centers for Disease Control (CDC) as a "Program That Works". These examples are drawn from only one of four strategic directions included in the Hampshire County community action plan, which includes an additional 20 projects and actions formulated to reach designated target audiences of youth, towns, media, and families in Hampshire County.

MTCP regional structures and community coalitions are organized to facilitate communication across geographic areas, modalities, government agencies, grass roots groups, advocacy groups, and other local organizations. These boundary crossing networks combine from public and private sector entities, and state/local programs in new collaborative models to achieve sustainable tobacco control initiatives, institutionalized in community, workplace, educational and health care settings. They invite your participation in both regional activity and local coalition action plans.

In addition, tobacco control programs locally, and at the state level, work closely with school personnel, municipal officers, advocacy groups such as the American Cancer Society, DARE and SAFE. The tobacco control programs and funded coalitions also work closely with the Prevention Centers and with many of Department of Public Health's programs.

Please call the MTCP Coalition Coordinator nearest you for more information.

Local Tobacco Control Coalition-CAB

Program Director: Diane Pickles
Ph: (978) 749-8999
City Address: Andover

Coalition for Citizens Against Nicotine

Program Director: Donna Levesque
Ph: (508) 226-8874
City Address: Attleboro

Beverly Tobacco Control Coalition

Program Director: Rob O'Hannon
Ph: (978) 927-4506
City Address: Beverly

Boston Area Tobacco Control Coalition

Program Director: Margie Henderson
Ph: (617) 451-0049
City Address: Boston

Help Line

Program Director: Carolyn Allen
Ph: (508) 584-4357
City Address: Brockton

Greater Fall River Tobacco Free Coalition

Program Director: Carlos Pavao
Ph: (508) 679-5222
City Address: Fall River

Tobacco Free Greater Franklin County Coalition

Program Director: Phoebe Walker
Ph: (413) 774-3167
City Address: Greenfield

North East Tobacco Free Coalition

Program Director: Karen Pinette
Ph: (978) 373-1971
City Address: Haverhill

Tobacco Education Coalition of the Cape & Islands

Program Director: Jeffrey Dinger
Ph: (508) 778-4804
City Address: Hyannis

Tobacco Awareness Coalition

Program Director: Guilmo Barrio
Ph: (978) 685-1337
City Address: Lawrence

COMMIT Coalition: Multi Service Center, Inc.

Program Director: Kelly Coffey
Ph: (978) 534-1882
City Address: Leominster

Tobacco Education Coalition

Program Director: Marie Manis
Ph: (978) 934-4141
City Address: Lowell

Community Coalition Planning Enhancement Project

Program Director: Alison Reynolds
Ph: (781) 397-6067
City Address: Malden

CHHS New Bedford Smoking Community Coalition

Program Director: Ann Cinquini
Ph: (508) 996-3147
City Address: New Bedford

Tobacco Free Hampshire County Coalition

Program Director: Christine Sass
Ph: (413) 586-3786
City Address: Northampton

Berkshire County Tobacco Education Coalition

Program Director: Elizabeth Crowell
Ph: 4134991000
City Address: Pittsfield

Spanish American Union

Program Director: Leslie Hoffman

Ph: (413) 734-7381

City Address: Springfield

Worcester Tobacco Education Coalition

Program Director: Harold du Four-Anderson

Ph: (508) 752-8083

City Address: Worcester

The Teen Challenge Fund

By Laura Melbin

Quality Improvement Project Coordinator
Massachusetts Department of Public Health

The Challenge Fund Teenage Pregnancy Prevention Program, at the Massachusetts Department of Public Health (DPH) is aimed exclusively at preventing first-time teenage pregnancy through funding and support of community-based coalitions. Communities, in partnership with school administrators, school health staff, business leaders, and community activists, bring youth and adults together into an active, diverse coalition.

Coalitions assess the needs and assets of the community to develop comprehensive action plans and implement a continuum of primary pregnancy prevention programs. These programs provide comprehensive health education, distribute written material on teen pregnancy prevention, conduct training workshops and community information forums on the needs of adolescents and initiate innovative health education programs through the schools and other community-based programs.

Chelsea/Revere: One example of the partnership between Challenge Fund coalitions and schools is the work currently being done in Chelsea. The Chelsea/Revere Coalition for Youth and Families funds the Middle School Teen Pregnancy Prevention Project, which combines in-school education, individual support for youth, and parenting education, and

has developed a resource room to provide health promotion and pregnancy prevention information in the school. The room provides access to educational materials, both written and video, geared to both male and females. School-sponsored evening workshops for improving parent/child communication about issues of health and sexuality have been extremely successful, and more are planned for this fall. This collaboration between the school system and the Coalition increased parent involvement and youth empowerment, and they intend to expand their programs into more sites during the coming year.

Berkshires: The Berkshire Coalition to Prevent Teen Pregnancy, in formal collaboration with the Conte Middle School, has developed and implemented a primary-pregnancy-prevention program through skill development and training. Activities take place after-school hours, and during summer and school vacations. Middle school students learn decision-making, leadership, and responsibility through theater productions, TV camp (where students learn how to produce, design, and direct television programs), a "Safe Sitter program," and year-round intramural sports programs. Additionally, students participate in teen/adult mentoring programs, and work with the Wise Guys Male Responsibility program, through Tapestry Health Systems, to train other students in schools. This partnership between school-based programs and the primary prevention model used by the Coalition continues to be a success for all participants.

For more information on the Teen Challenge Fund, contact Laura Melbin at (617) 624-5410, or visit our Web Site at <http://www.state.ma.us/dph/tppcf>.

For more information about the Chelsea/

Revere Coalition for Youth and Families, contact Danille Calvo, Coalition Coordinator, at (617) 889-5210 x 224. For more information about the Berkshire Coalition to Prevent Teen Pregnancy, contact Lisa McCabe, Coalition Coordinator, at (413) 448-2279, or Marianne Santelli at (413) 663-3569.

**JOINT EFFORTS BY THE
THE DEPARTMENT OF PUBLIC HEALTH
DIVISION OF MEDICAL ASSISTANCE
AND THE DEPARTMENT OF EDUCATION
TO ENSURE THAT CHILDREN
ARE ENROLLED IN
HEALTH INSURANCE PLANS
(Children's Medical Security Plan (CMSP)
and MassHealth)**

by Anne H. Sheetz
Director of School Health
Massachusetts Department of Public Health

This year the school-based initiative to enroll children in health insurance plans will again be emphasized. School nurses and other school staff have played a significant role in providing information about the available plans for children; the following are some suggestions to continue this effort:

- Review the child's health insurance status at entry into school, kindergarten registration or time of transfer into the school, etc. *(During the spring 1998 kindergarten registration, many school nurses successfully identified children who were uninsured and gave information on both Children's Medical Security Plan and MassHealth.)*
- Include on the emergency card, a question about the child's health insurance coverage. Consider adding a sentence which states, "If you would like information about available health insurance options, please call _____, (Title, e.g., School Nurse)".

- Call Jacqui Williams at the Children's Medical Security Plan at (617) 624-6067 for staff assistance in providing information and/or enrolling children at special school events, e.g., health fairs, parents' nights, etc.
- Include information about Children's Medical Security Plan and MassHealth in school publications, e.g., informational book for parents, school health services brochure, etc.

Please call (617) 210-5736 if you want a supply of the CMSP/MassHealth application forms.

In addition, the following is the well child visit schedule for MassHealth (Early Periodic Screening, Diagnosis and Treatment Schedule). Please reinforce the need for these visits with both students and their families:

CHILDREN'S WELL-VISIT SCHEDULE (6/98)

IF YOUR CHILD'S AGE IS	THEN YOUR CHILD SHOULD SEE THE DOCTOR FOR A CHECKUP
NEWBORN TO 2 YEARS OLD	<p style="text-align: center;">AT THESE AGES:</p> <p>*1 MONTH OLD *9 MONTHS</p> <p>*2 MONTHS OLD *12 MONTHS</p> <p>*4 MONTHS OLD *15 MONTHS</p> <p>*6 MONTHS OLD *18 MONTHS</p>
2 TO 6 YEARS OLD	ONCE A YEAR
6 TO 10 YEARS OLD	EVERY OTHER YEAR
10 TO 20 YEARS OLD	ONCE A YEAR

Use this chart to help remind you when your child or teenager should see the doctor for a checkup (well-visit). But remember, everyone is different. Some children may have to see their doctor more often. Your child's doctor will be able to tell you what is right for your child.

Thank you for your ongoing efforts in ensuring that all Massachusetts children have health insurance and health care!

STUDENT CONFLICT RESOLUTION EXPERTS (SCORE)

by Darlene E. Skog
Score Program
Massachusetts Office of the Attorney General

The Student Conflict Resolution Experts program (SCORE), will begin its tenth continuous year of operation this fall. Since its inception in 1989, SCORE has mediated 10,469 student conflicts involving 30,000 students with 97% of the conflicts reaching a mediated agreement that was upheld and completed. Sponsored by the Massachusetts Office of the Attorney General, this award winning violence prevention program prevents conflicts before they can occur by giving students a safe and effective way to resolve disputes.

The model for SCORE is based on an innovative collaboration of the Office of the Attorney General (OAG), community mediation programs and schools. The OAG gives grants to local mediation programs that use the funds to hire full-time SCORE coordinators to work in the schools. The school provides the required matching funds and program space and helps to integrate the program into everyday school life.

In the SCORE program, the students conduct the mediations. Student mediators are recruited from the student body and undergo an intensive 20-25 hour mediation training. SCORE training is based on a combination of intensive discussion, skill-building exercises and role-playing. The training is conducted by experienced mediators and trainers from the OAG and the local community mediation program. SCORE training prepares student mediators to mediate a wide range of

conflicts including: physical fights, rumors, threats, harassment, name-calling, stealing, racial conflicts, homophobia and others. (Conflicts are screened by the coordinator before they are scheduled for peer mediation). Student conflicts most often mediated by SCORE include disputes involving physical fights, rumors and threats among acquaintances, friends and enemies.

The hallmarks of the SCORE program are *quality training, appropriate staffing, stable funding, community collaboration, supportive school system, diverse student mediators and adherence to the five key principles of mediation: confidentiality, neutrality, informed consent, voluntariness and self-determination.*

Since its inception in 1989, SCORE has touched the lives of thousands of Massachusetts students by teaching them that *talking it out is better than fighting it out*. In city, suburban and rural schools throughout Massachusetts, SCORE programs are making a difference by helping students to resolve conflicts before they can explode. Recent tragic events in Springfield, Oregon, Edinboro, Pennsylvania and Jonesboro, Arkansas are grim reminders of the need for and the importance of effective school violence prevention programs like SCORE.

Attorney General Scott Harshbarger's office awarded more than \$620,000 in SCORE grants to 59 Massachusetts schools for the 1998-99 school year. There are 86 middle and high schools affiliated with the SCORE program. To receive more information on SCORE, please contact the Mediation Services Department at the Office of the Attorney General (617) 727-2200 ext. 2576.

**THE DEPARTMENT OF EDUCATION
HEALTH PROTECTION
MENTOR PROGRAM**

by Janet L. Rattray R.N.C., M.Ed.
Gloucester Public Schools Mentor

In the '70's, many of us worked with the Department of Education (DOE) and the Department of Public Health (DPH) to formulate the "Role of the Massachusetts School Nurse." The "Role" has changed over the 20+ years, with increasing demands. The DOE Health Protection Mentor Program in 1992 continued to recognize school nurses as an integral part of the comprehensive health program. One Nurse Mentor was selected in 1992; currently there are three Registered Nurses as Mentors.

The Mentor Program started in 1991 when a focus group of past and present Massachusetts Health Coordinators formed a concept where experienced school districts would apply for a grant to allow them to share their acquired knowledge and expertise in school health education with newly funded districts. At that time in 1992-93, nine districts were selected to be Pilot Mentor districts, each chosen for their individual district's health education programming strengths. Challenges and limitations of staff, time and finances were the same in Mentor districts as in others. The Mentors knew from first hand experience that high quality, streamlined, informative professional development programs were needed to address the needs of Massachusetts public school districts.

In 1993-94, the Department of Education

awarded 27 million dollars to all communities in the state to develop and/or enhance their comprehensive health education programs.

Eleven Mentors now work with 300 school districts providing new strategies, training resources and technical assistance.

From the beginning, the Mentors have realized the importance of providing continuing education programs for nurses along with other school staff. School nurses have found that Mentor training programs or Network Sessions offer strategies, information about new programs and the sharing of practical experiences which enhance their own school health services and other components of comprehensive health.

Many school nurses are involved in classroom teaching, serving on curriculum committees, and as members/leaders of each school's Health Advisory Council. The Education Reform Law reflects the importance of school nursing, in the school setting.

The vision we had for the "Role of the Massachusetts School Nurse," has expanded beyond our expectations. It is hoped that every school nurse will continue to expand the role of comprehensive health education into the next century.

The following eleven Mentors continue this next year to provide programs throughout the state. Please contact them if you need program information. The Mentor Program can also be found on the WEB at MaryanneMH@AOL.com.

Christine Battye

Ashburnham-Westminister Schools
(978) 827-1422

Janet Rattray R.N.C./K. Buck Harris
Gloucester Public
(978) 281-9820

Don Ward
Hull Public Schools
(617) 925-3089

Gail Bock/Mary Sanborn
Cape Cod Regional Vocational Technical School
(508) 432-4500/304-4212

Deborah Jencounas
Boston Public Schools
(617) 635-8583

Susan Crook R.N./Denise Gaudette
New Bedford Public Schools
(508) 997-4511 X3219

John Grant
Somerset Public Schools
(508) 324-3170

Maryanne Hammond
Spencer-E. Brookfield RSD
(508) 885-8539

Karen Skiathitis, R.N.
Mohawk Trail RSD
(413) 625-0192

Colleen Walsh
Springfield Public Schools
(413) 787-7138

Mary Jane Muello
Wareham Public Schools
(508) 291-3510 X821

**The Massachusetts School Nutrition
Task Force: A Collaborative Effort**

by Maria Bettencourt
Office of Nutrition, Division of Health Promotion
Massachusetts Department of Public Health

The Massachusetts School Nutrition Task Force (MSNTF) originated in 1994 with

initial discussions between the Massachusetts Department of Public Health and the Massachusetts Department of Education focused on developing efficient strategies to promote healthy eating among school-age children. Questions that emerged from those initial discussions included: How are schools addressing nutrition issues? What are the resources available to schools? What are the gaps? What is the most effective way to proceed? A working group, (now known as the MSNTF) with broad representation from health, education and nutrition professionals from public, private, federal, state and local organizations and schools, was convened to begin to address these questions. An effort was made to recruit school and health professionals who provide direct service in a school environment or work closely with school education and health programs and services.

The Task Force developed a mission statement, goals and objectives from which to focus their activities. Two main goals of the group are to:

- Promote the integration of nutrition and physical activity into comprehensive health programs and services in Massachusetts' schools and,
- Serve as a resource to schools, families and communities on nutrition related issues.

The Task Force serves as a wonderful forum for information and resource exchange. Often, individuals are invited to present on current research and school-based initiatives focused on nutrition/physical activity. Most recently, Dr. Steven Gortmaker from Harvard School of Public Health presented on *Planet Health*, a Massachusetts school-based nutrition and physical activity initiative.

Aside from being an information sharing group, the MSNTF works on meeting its defined objectives through specific projects. Task Force accomplishments include:

- *Position Statement on Nutrition Programs and Services in Schools* which was mailed to all school superintendents in August 1997 with a cover letter signed by both Commissioners of Public Health and Education.
- *School Nutrition Resource Guide* comprised of state and national sources of nutrition information. The guide was disseminated to all school health coordinators statewide in 1997.

Currently, the Task Force is planning a statewide survey to all health coordinators, school nurses and food service directors in the fall. The purpose of the survey is to (1) learn more about what kinds of school-based nutrition/physical activity programs are in place and (2) identify what types of support schools need to implement nutrition/physical activity education, programs and services. The information collected will be used to plan Task Force activities and to share with schools some “best practices” related to school-based nutrition/physical activity programs.

The MSNTF welcomes the participation of individuals who are interested in working in this area. For additional information on the Massachusetts School Nutrition Task Force, or if you would like to participate in this working group, contact Maria Bettencourt at (617) 624-5440.

OPTIONS HEALTH CARE: COLLABORATION BETWEEN MENTAL HEALTH PROVIDERS AND THE SCHOOLS

by Mary A. Joyce, LICSW, MBA
Manager, Network Management
The Massachusetts Behavioral Health Partnership

Most educators agree that there are many children and adolescents in need of school based mental health and substance abuse services. Ample evidence documenting this need can be found in the daily paper, the evening news or classroom experience. Increasing multiple stressors on families, societal violence, childhood depression, anxiety disorders and behavior problems are driving the need for more school based services. Remarkably, despite the agreement and urging of educators, parents and policy makers, the behavioral health system that makes services available in a school setting, is lacking. We can identify at least three barriers to providing such services in the schools.

First, there is a lack of a comprehensive **model** for behavioral health intervention in school settings. *A successful model of service delivery should meet the specific, defined needs of the school community: the children, adolescents, their parents, teachers, nurses and school administrators.* Behavioral health providers know that effective service delivery must consider the unique and complex needs of the population to be served. However, with over 250 documented forms of therapy in the United States and virtually hundreds of avenues for reimbursement, confusion around basic service delivery, cost and efficacy has become the norm.

Second, there is the issue of how to determine and **measure** successful school based interventions. Behavioral health providers have historically been unable to agree on what can or cannot be done in the school settings and how to measure success. Standard measurement criteria may alleviate this dilemma as behavioral health providers become increasingly comfortable with delivering services within certain quality standards and predictable outcomes. *Collaboration between providers and school personnel is needed to define targeted outcomes and determine accessible measures.*

And finally, accessing **money** for school based services is a huge challenge. Behavioral health providers are under increasing scrutiny not only for the services they provide but also the reimbursement they receive. While providing services in a school setting is an appealing idea to most, it includes financial uncertainties many providers are unable to negotiate. The reimbursement model most often used is “fee-for-service” reimbursement, in which the provider is compensated (most often by insurance payers) for time spent in face-to-face counseling with a student. With numerous insurers statewide, each with their own panel of providers, criteria for care and rate of reimbursement, recouping payment for services becomes much like negotiating a complex maze. School nurses, teachers, administrators and the behavioral health providers must work together to obtain the reimbursement from insurers.

The Department of Public Health, the Division of Medical Assistance with its behavioral health vendor, the Massachusetts Behavioral Health Partnership, the Department of Mental Health and Boston Public Health

Health and Boston Public Health Commission are working together on developing a model that could be replicated in locations across the state.

COHES: A Group that Brings Schools Together

by Ann-Marie Jordan
President, Coalition Organized for
Health Education in Schools

*I*n the Massachusetts Comprehensive Health Curriculum Frameworks, “Building Resilience through Health,” the core concept is that comprehensive health education enables students to thrive, persevere, and maintain a positive attitude and healthy bodies. This is a difficult, if not an impossible, task for individual teachers and schools to accomplish alone. Health teachers and school nurses understand this and strive to develop networks and collaborations with others in their individual communities as well as in the Massachusetts health education community.

The Coalition Organized for Health Education in Schools (COHES) is a statewide, voluntary organization committed to promoting comprehensive health education in Massachusetts's schools. Since 1975, this group has been dedicated to improving the health and wellbeing of young people by working with school and community leaders responsible for health education policies and programs.

Over the years, COHES has worked to be a vehicle for those concerned with comprehensive school health to come together to learn from each other. Our hallmark is our annual conference. For thirteen years this conference has brought together school and community health professionals from across the state. The

theme of this year's conference scheduled for November 3, 1998 is "School Health Programs that Work: School, Family, and Community Involvement".

Another strategy COHES uses to promote collaboration and networking is through our grant program. Yearly, COHES awards small grants to local school systems for innovative, creative school health programs. We encourage applicants to collaborate with local community agencies and other schools in their projects. Further, we require grant recipients to develop a poster session for the annual conference and ask each to write a summary article on the project for our quarterly newsletter.

In order to bring everyone to the table, the COHES Board of Directors is made up of a diverse group of professionals concerned about school health. Members include school nurses, school health teachers, community health professionals, the Massachusetts Prevention Center staff, representatives from the Department of Public Health and the Department of Education, the American Cancer Society, the American Heart Association and the Massachusetts Medical Society.

COHES is a bridge for schools to come together with others in the community and the profession. If you are interested in learning more about the organization, please call (617) 332-4629.

SOUTH SHORE PARTNERSHIP FOR HEALTH

by Kim Noble, R.N., M.B.A.
School Health Coordinator

In the fall of 1995, South Shore Hospital began to identify ways to assist its regional schools on numerous health issues. The schools had been calling various departments at the hospital looking for resources and information on such issues as substance abuse, family violence, and suicide prevention. The hospital decided to create a forum to discuss a range of issues confronting schools. Letters were sent to the regional public school superintendents requesting one representative from each school system to attend the initial meeting of the South Shore School Partnership for Health (SSSPH) to be held in February in 1996.

The meeting was attended by seventeen individuals representing twenty-one communities on the South Shore. Other advisory members consisted of a representative from Harvard-Pilgrim Health Care, the Medical Director of Inpatient Pediatrics at South Shore Hospital and a representative from South Shore Hospitals Education and Training Department. At the first two monthly meetings, these members established the Partnerships' Mission, Goals and Objectives. The participants also learned about the various programs that South Shore Hospital currently offers in the community.

Since its inception, the Partnership has addressed the following areas:

- Development of a coordinator position, whose focus is on planning and implementing educational programs, specific to school health issues, four times a year. This coordinator also fields incoming calls seeking resources for health related issues, plans the monthly Advisory Committee Meetings and networks with organizations on the South Shore that provide health related services to children and their families.
- Publication of a newsletter three times a year, HEALTHlinks. This newsletter is distributed to school administrative and health personnel, pediatricians and parents. It contains health information on both seasonal school health issues and age specific topics.
- Beginning work on developing and standardizing health care related curriculum, providing assistance to schools in evaluating program offerings and criteria for organizations wishing to develop programs and services for schools.
- Identification of the need for a pediatric health expert available for consultations to school, identification of access points for school-age children in the health care system, and development of networks and linkages among students, families, pediatricians, schools, the South Shore Hospital health care system and insurers.

In addition, through this regional multi-disciplinary forum, the school nurses have identified health service needs to which the hospital has responded, e.g., an increase in services for adolescents. Plans include working with schools to develop crisis teams, provide education on child abuse issues (Middlesex County District Attorney program), and develop emergency care plans. As schools, hospital and community agencies work together for children, a community bond has formed. The Partnership has also provided support, especially to school health personnel as they face the critical challenges of today's youth. It offers a forum to identify needs and develop resources within this region. Over the last school year the membership was expanded to include independent and parochial schools on the South Shore.

Educational programs are held at South Shore Hospital from 3:30-5:30. They cost fifteen dollars each. For more information about the Partnership or any of the above programs, please call Kim Noble at (781) 794-7415.

**FITCHBURG PUBLIC SCHOOLS:
WORKING WITH PRIMARY CARE
PROVIDERS**

by Janet LeDuc, School Nursing Supervisor
Fitchburg Public Schools

The Fitchburg School Health Service Program has initiated the following efforts to collaborate with the community's primary care providers:

1. The school health service program has sent a mailing to all primary care providers (pediatricians, internists, family practitioners and orthopedic specialists) in the area, informing them of the school health services provided by the Fitchburg Public Schools. The mailing included a brochure which lists all the school buildings, the respective school nurse's name, and the telephone number. Providers were requested to obtain the child's school building assignment from the family at a subsequent visit in order to collaborate with the appropriate school nurse as needed.
2. When the Fitchburg school nurses send mailings to the parents with certain reminders, e.g., need for tetanus boosters, physician examinations, the language includes a reminder to call the primary care provider for these services.
3. The school physicians for the Fitchburg Public Schools are members of the University of Massachusetts Family Practice; these same providers often become the student's primary care provider as well. This promotes linking primary care with school health services.

Addendum by the School Health Unit:

Several additional suggestions for enhancing collaboration with local primary care providers, which some school health programs have implemented include:

- (a) including the local primary care providers on the school health advisory committee;
- (b) giving feedback to the primary care providers, with parental permission, about the effects of the psychotropic

medications and/or changes in medications;

- (c) providing an ongoing asthma diary; and
- (d) collaborating in developing a community-wide immunization tracking system.

**COLLABORATION BETWEEN
SCHOOL HEALTH SERVICES
AND THE
SCHOOL-BASED HEALTH CENTER**

by Cecelia Hite, RN, CPNP
and
Phyllis Paisley-Lomax, RN
Boston High School

School nurses and School-based Health Center nurse practitioner relationships remain, for the most part, challenging and creative. A collaborative relationship exists at Boston High School (BHS). BHS has an enrollment of 900 to 1000 students and uses the School-to-Career model to prepare graduates for success in a highly competitive society. Since 1989, the Student Health Center (SHC) at BHS, a licensed, satellite clinic of the Division of General Pediatrics and Adolescent Medicine at New England Medical Center, has provided a unique array of comprehensive, coordinated health services for adolescents who are among those at highest risk for adverse health outcomes.

The school nurse and the nurse practitioner recognize the importance of collaboration in improving the quality of care provided to students. The students benefit from this by knowing that there is a health team that is readily available to serve them and to advocate for their health. The level of comfort that exists between the school nurse and the SHC nurse practitioner is based on *mutual respect and professionalism*.

At times there may be overlapping functions but it is recognized that each role expectation

and job description is uniquely different. Each brings to the table her own specific practice knowledge, decision making, and problem solving skills.

**NEW BEDFORD PUBLIC SCHOOLS:
WORKING TOGETHER TO PROMOTE
ORAL HEALTH**

by Karen Regan, MSN, RN
School Nursing Supervisor, New Bedford Public Schools

The New Bedford School Health Advisory Council, consisting of group of concerned parents, dental professionals and other providers, identified student oral health as an area requiring investigation.

Karen Regan, Supervisor of New Bedford School Nurses, collaborating with Denise Gaudette, R.D.H., Elementary Health Specialist, developed and implemented a pilot dental health program. This program provided preventive dental health education and oral screenings to a specific cohort of New Bedford Public School students. Volunteer hygienists were recruited from the local members of the Massachusetts Dental Hygienists Association to assist the school nurses with oral screenings. The hygienists also provided dental health classroom presentations utilizing the Colgate *Bright Smiles/Bright Futures* curriculum. Health Protection grant funds and contributions from local dental professionals provided oral hygiene supplies for the students.

The objectives of this program were to obtain quantifiable data regarding New Bedford Public School students' oral health needs and the identifiable barriers to obtaining dental care within the community. A follow-up survey to obtain information about these barriers is in the process of being completed. Outcome

evaluation data will be shared with local policy makers and dental providers. These data also will be utilized in future oral health program planning. For further information, call Karen Regan, (508) 997-4511 (ext. 3261).

**HEPATITIS B IMMUNIZATION
FOR ADOLESCENTS:
A COMMUNITY COMMITMENT**

by Linda Keller
Vaccine Preventable Diseases
Massachusetts Department of Public Health
and
Anne H. Sheetz
School Health
Massachusetts Department of Public Health

More than 111 communities in the Commonwealth have provided the hepatitis B vaccine for students in sixth grade *and* high school. Over 350 schools have instituted hepatitis B immunization clinics for at least some of their grades. In the majority of schools, the school nurse has assumed leadership of this initiative, with local boards of health and Rotary Clubs facilitating the process. This is an excellent example of community organizations working with their school health personnel to promote the health of their youth. It is also an excellent example of the Massachusetts Chapter of the American Academy of Pediatrics, Department of Pubic Health, Rotary Clubs of Massachusetts, Massachusetts School Physicians' Committee, Massachusetts Parent Teachers Association and others meeting to organize the statewide initiative. However, the work in this area needs to continue.

Please note: Hepatitis B immunization will be required for students entering the seventh grade in 1999!

- Students should be encouraged to obtain hepatitis B immunizations from their primary care providers or in school, if provided there.
- All communities are encouraged to participate in the school-based hepatitis B immunization program and/or to extend the immunization program from sixth grade to high school students. For further information, call Hadassa Kubat, MCAAP Immunization Initiative at (781) 893-4610 (ext. 1257) or Linda Keller, DPH Hepatitis B Coordinator, at (617) 983-6800.
- In November and December 1998, the University of Massachusetts/Simmons College School Health Institute will provide regional conferences on implementing the hepatitis B immunization program in schools. *(The Institute will send its brochure in September.)*
- When providing the immunizations in schools, the school health personnel should give written documentation to parents (e.g., mail it home with a report card), with instructions to share it with the child's primary care provider.

Please note: It is important that the hepatitis B initiative move forward during the next school year, as it is unclear whether the free vaccine will be available in the future.

Thanks are extended to all school and community personnel who have participated in this important initiative to promote the health of the Commonwealth's adolescents.

Safe and Drug Free Schools: A Collaborative Community Approach

by Deborah J. Watts, M.A.
School Adjustment Counselor
Algonquin Regional High School

Substance use among our youth is on the rise. Results of surveys administered to students in middle and high schools across the nation reflect trends toward increased use at younger ages. At Algonquin Regional High School, drug awareness has been a priority this year.

Substance use is a complex issue. Therefore, a collaborative approach between school and community is essential. At Algonquin, we have two groups in place, which provide a format for school and community professionals to exchange ideas and collaborate on services: the Student Safety Network (SSN) and the Student Assistance Team (SAT).

The Student Safety Network consists of middle and high school administrators, counselors, teachers, school nurses, police, probation, youth commission counselors, area mental health professionals, Department of Social Services, Department of Mental Health, and recreation departments. This group meets monthly to plan prevention strategies and collaborate on community and school interventions involving youth.

The Student Assistance Team is a smaller, more narrowly focused group of school, police, and youth commission staff which meets bi-weekly to plan and implement prevention and intervention services in regard to substance abuse issues.

In terms of intervention, the SAT gets referrals on students from teachers, parents, administrators, other students or self referrals. Once a referral is made, an appointment is made with the Northboro Youth and Family Services substance abuse clinician for a comprehensive evaluation. This is followed by a written report with recommendations. These recommendations are given to the student and family, and the SAT works to formulate a suitable treatment plan. Students are frequently referred for individual and/or group counseling. A psycho-educational group co-led by clinicians from Northboro and Southboro Youth and Family Services clinicians is offered at Algonquin. This group runs for eight weeks, and is designed to encourage adolescents to examine their substance use and move toward making healthier choices.

A major task in addressing the drug issue is to educate the general population about current trends. A common misconception is that real drug problems occur in inner cities, not in suburban communities. The SAT and SSN sponsored a series of five Drug Awareness nights for parents at the high school this year. Several members of both the SAT and SSN volunteered their time in presenting information at these sessions. This five part series culminated in a problem solving meeting in June. Faculty members, school committee members, superintendent, parents, police, and other community professionals attended this meeting.

Through community grant money, student assemblies were held throughout the year on drug and alcohol issues. Also, weekly announcements were made linking current events to decision making regarding substance use. SAT members presented a faculty training on substance

use, which included an overview of drugs and their effects, stages of drug use, and intervention techniques. In collaboration with the Northboro Police Department, we have recently received grant money to produce a drug awareness video, which will be run on local cable TV. Additional grant money will be used next year to continue parent education.

The Mentoring Program was piloted this year at Algonquin. Youth commission staff worked with our school adjustment counselor to provide training and ongoing supervision to teachers and police officers who volunteered their time to mentor at risk students. Though currently at the beginning stages, we feel strongly that this program will blossom in years to come.

In summary, the SSN and SAT provide a formalized way for community and school professionals to pool their resources in dealing with the complex issues facing today's youth. These collaborations are critical in working toward providing safe, drug free schools.

ESTABLISHING COLLABORATIVE LINKS

by Maureen A. Anzuoni, RN
Revere High School

There is probably a 'how to' book in print for establishing collaborative links between schools and community agencies; however, I have never found that book nor am I aware of any magic formulas. The following guidelines are meant to at least set us in the right direction for promoting such links.

The first steps are to identify one's needs and objectives, get administrative support and begin the hunt for a compatible agency. Which agencies do the school nurses, health coordinators or other school staff use for referrals or educational resources? Once

you have found an agency to work with, schedule a meeting to discuss ideas and build a foundation for successful relationships with other human service providers. Focus on the goals of the project, funding sources, a timeframe for evaluations, and the responsibilities of each entity. Mutual respect and a very clear understanding of the expectations as well as the limits of each organization is important for a successful partnership.

Once the ground rules are established, pilot the project. This will give all the participants the opportunity to find the strengths and weakness of the program and make the necessary adjustments to improve the collaborative effort. Sometimes it takes several pilots to achieve the goal. Don't be discouraged!

This past spring, the Revere Public School Teen Dating Violence Prevention project sponsored dramatic presentations for high school students. Representatives from the Department of Social Services, North Suffolk Mental Health, the regional Prevention Center, Massachusetts General Hospital/Revere, the Revere Police Department and Harbor Me enthusiastically joined with school staff to facilitate small group discussions following each program. The linkages that had been established over the years with these and other community agencies provided the additional support that was needed to maximize the efforts of this project.

UPDATE ON MUNICIPAL MEDICAID FOR COORDINATION AND OUTREACH SERVICES

During the 1997-98 school year more than 240 municipalities signed the amendment to their Medicaid contract for reimbursement of outreach and coordination services provided by school health personnel. The program is designed to encourage the coordination of school health services with the child's primary care provider, including assisting in accessing care and health insurance options. The 1997-98 year was the start-up for this important initiative.

Stage One:

Training of school personnel, both administrative and clinical: During the 1997-98 school year, training sessions about the program were held for both administrators and school health staff.

Stage Two:

Implementing time studies to determine what activities currently provided in schools fall within the reimbursable categories: Many schools are at this stage at the time of this writing. They are completing "bubble sheets" of types of activities (fifteen minute intervals) provided by each staff member, e.g., school nurses, physicians, occupational therapists, physical therapists, social workers, etc., included in the program. If you need consultation on completing the time studies, use of the "bubble sheets", or evaluation of the data, please call Debbie Foster, Municipal Medicaid Coordinator, at (617) 451-7167.

Stage Three:

Sharing a list of names of children on MassHealth, as well as their primary care providers, with the school districts: The Division of Medical Assistance is in the process of sending lists of children insured by MassHealth to the Municipal Medicaid Coordinator of each participating school district. The Coordinator may be the Special Education Director, Pupil Personnel Director, or other administrator. Key to the success of the program is that the school nurses obtain this information and work with families to ensure that they identify a primary care provider and obtain well child, preventive care according to the MassHealth Early and Periodic Screening, Diagnosis and Treatment Schedule. School nurses should request a list of the MassHealth children from the Medicaid Coordinator. If you do not know the name of the Coordinator in your school district, please call Scott Nickerson, Municipal Medicaid Coordinator at (617) 451-7161.

Stage Four:

Coordinating provision of health care with primary care provider, with parental consent: School health personnel will continue to play an important role in connecting children and adolescents to their MassHealth primary care providers. Trainings will be offered during the 1998-1999 school year and include information on the MassHealth managed care system and how students may access these services.

Thank you for assisting in this important child and adolescent health initiative.

RESOURCES

JUMP UP AND GO INITIATIVE : Five thousand dollar grants are available for school-based nutrition/physical activity programming following the *Healthy Choices* model. These funds are part of a state-wide *Jump Up and Go!* initiative sponsored by the Massachusetts Department of Public Health, Blue Cross Blue Shield of Massachusetts, The Massachusetts Department of Education and the American Heart Association's New England Affiliate. Call Julie Robarts at the Massachusetts Department of Public Health (617- 624-5492) for further information.

MDPH RESOURCE MATERIALS ON "TEENS AT WORK": The following materials are produced by MDPH. For more information call (617) 624-5638: Resources include (a) *Safe Work/Safe Workers: A Guide for Teaching High School Students about Occupational Health and Safety* (1997), a three hour curriculum containing a short video and learning activities, \$35.00; (b) *Protecting the Working Teens: A Public Health Resource Guide* (1995), \$8.00; (c) *Protecting Your Working Teen: A Guide for Parents* (1996), free pamphlet containing child labor laws and related information; (d) *Do You Work? Protect Your Health, Know Your Rights* (1998), free pamphlet for teens containing child labor laws and related information; (e) *Know Your Rights* (1996), free poster for teens with information about wages, hours, health and safety; (f) *Protecting Working Teens, a Guide for Health Care Providers* (1998), free pamphlet containing child labor laws and related information.

NEW ENGLAND REGIONAL SCHOOL HEALTH CONFERENCE

October 3 - 4, 1998

**Boston University School of Medicine
School Physician and School Nurse
Call Julie White (617) 638-4605**

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